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JANUARY 5, 1995
ANGELYN MOULTRIE, D.O.
360 EAST MISSION BLVD.
POMONA, CALIFORNIA 91766

RE: SHEPHARD, CHARLIE
Cardiology Consultation

Dear Angie:

I had the pleasure of evaluating your patient, Mr. Charlie Shephard, in my office on January 5, 1995, in regards of evaluation for uncontrolled hypertension.

HISTORY OF PRESENT ILLNESS: As you recall, Mr. Shephard is a pleasant 59-year-old Afro-American male who was first noted to have hypertension ten years ago. He was at first able to be treated without medication, but for the past year has been requiring

aggressive medical therapy and still had very difficult blood pressure to control. Because of that he sent here for further evaluation as well as having an abnormal EKG.

He has no history of myocardial infarction and he denies any history of rest or exertional chest pain.

He denies any significant exertional dyspnea, orthopnea, ankle edema or paroxysmal nocturnal dyspnea.

He has no known history of heart murmur or rheumatic fever.

He denies any palpitations, lightheadedness or syncope.

PAST MEDICAL HISTORY: Past medical history is negative for diabetes, but positive for hypercholesterolemia.

PREVIOUS SURGERIES: Negative.

HABITS: Denies ethanol, drug, tobacco or caffeine abuse.

REVIEW OF SYSTEMS: Essentially noncontributory.

PRESENT MEDICATIONS: Present medications include Dyazide 1 capsule daily, Norvasc 5 mg. Bid up until yesterday and then as of this morning he as switched to Tenormin 50 mg. Daily.

PHYSICAL EXAMINATION: Physical examination reveals a pleasant 59-year-old Afro-American male, in no apparent distress, with no gross deformities, or mesomorphic stature, appearing appropriate for his stated chronological age.

VITAL SIGNS:

WEIGHT: 204 lbs.

BLOOD PRESSURE: 160/100, right arm supine position. 150/95, right arm upright position. 130/100, left arm upright position.

APICAL RATE: 72 and regular.

NECK: There is no neck vein distention nor hepato-jugular reflux. The thyroid gland is non palpable. No lymphadenopathy is noted.

CHEST: The chest reveals bilateral symmetry.

LUNGS: The lungs are clear to auscultation and percussion.

HEART: Examination of the heart reveals the PMI to be in the 5th ICS, MCL, no precordial.heave is noted. Auscultation reveals the rhythm to be regular with normal first and second heart sounds. No S3, S4, murmurs, rubs or clicks were noted.

ABDOMEN: The abdomen is soft without masses, tenderness or organomegaly.

EXTREMITIES: The extremities reveal no peripheral edema. The peripheral pulses are intact with a right carotid bruit noted. No other bruits or abnormalities were noted.

ELECTROCARDIOGRAM: The electrocardiogram reveals normal sinus rhythm with left ventricular hypertrophy and secondary repolarization abnormalities.

IMPRESSIONS

1. Hypertension with associated hypertensive cardiovascular disease, inadequately controlled.
2. Rule out left ventricular diastolic dysfunction secondary to number one.
3. Right carotid bruit. Rule out arteriosclerosis obliterans asymptomatic.
4. Arteriosclerotic heart disease cannot be ruled out definitively.

RECOMMENDATIONS:

1. Carotid ultrasound.
2. Restart Norvasc 5 mg. daily in conjunction with the Tenormin and Dyazide for appropriate antihypertensive therapy.
3. Aspirin 81 mg. daily.
4. An echocardiogram will be performed to rule out left ventricular diastolic dysfunction secondary to left ventricular hypertrophy.
5. With your permission I will re-evaluate the patient in approximately two weeks.

Thank you again for allowing me to participate in the

care of your patient. If you have any further questions, please do not hesitate to contact me.

SINCERELY,

ROGER D. DUBER, D.O.
RDD:cjs